Improving Mental Health Care for CalPERS

Joel D. Hyatt, MD
Assistant Regional Medical Director
Southern California Permanente Medical Group

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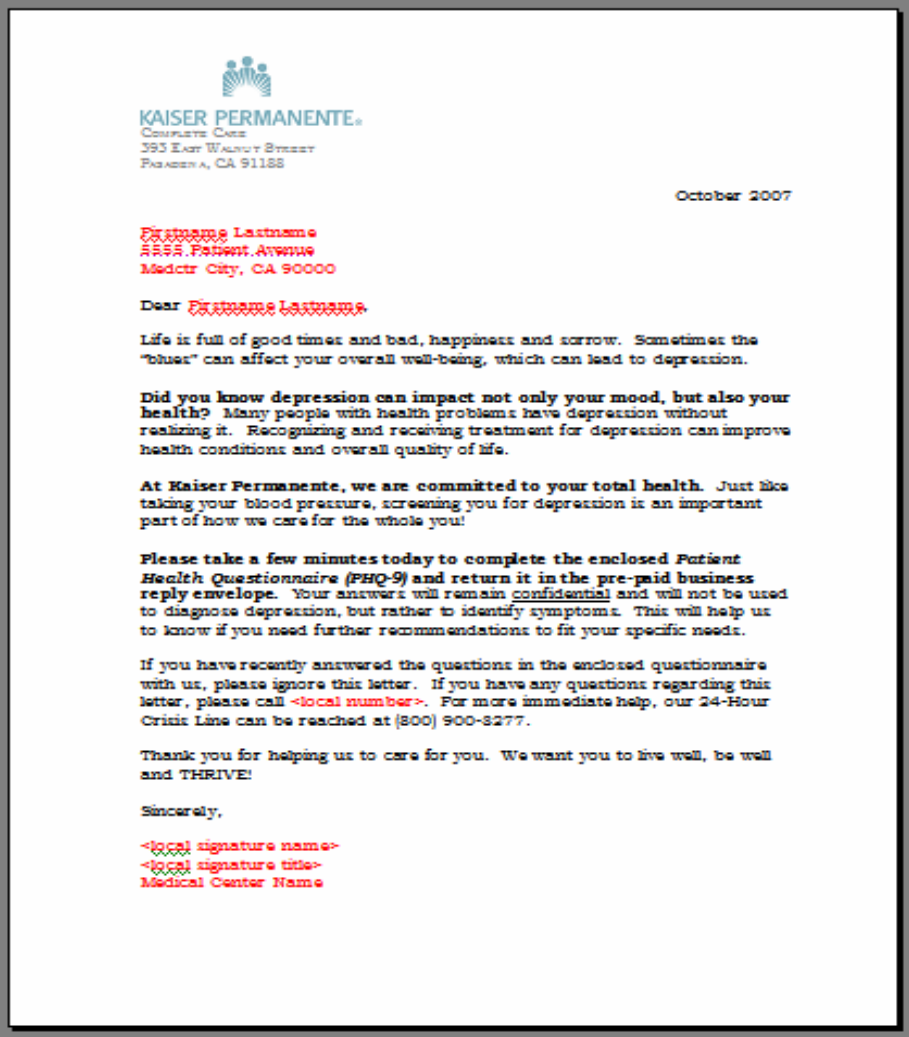
Impact of OUTREACH for Depression

Why We Care About Depression

- Fontana mailed out about 6000 PHQ9s to Diabetic and Hypertensive patients already followed in PCM. The patients received a one page letter, personally addressed, with a brief description of depression in patients with chronic illnesses, resource phone numbers and instructions. The PHQ-9 form was printed on the back.
- As a result, two days after the mailing, a 58 yo Hispanic man walked into the clinic, with his letter in hand, looking for someone to help him. He said he wasn't sure what this "depression" was about, but he had all the symptoms on the list and he wanted help. He was evaluated by a provider and started on medication that same day! He has also started the Depression classes.
- He is just one of the 1360 who put their own stamp on the return envelope or came in themselves. 23% of the diabetic patients and 17% of the HTN patients scores 10+. Many have indicated to the PCM staff that they are very thankful the questions were asked - they were afraid to ask themselves. They also appreciated having the questionnaire sent to their home, so they could leisurely read it and fill in the answers, separate from the activities of a clinic visit. It has motivated many to make follow-up appointments with their physician.

Outreach Letters to Thousands of KP Members



KAISER PERMANENTE®
Complete Care
393 East Walnut Street
Pasadena, CA 91188

October 2007

Firstname Lastname
4555 Patient Avenue
Medctr City, CA 90000

Dear Firstname Lastname,

Life is full of good times and bad, happiness and sorrow. Sometimes the "blues" can affect your overall well-being, which can lead to depression.

Did you know depression can impact not only your mood, but also your health? Many people with health problems have depression without realizing it. Recognizing and receiving treatment for depression can improve health conditions and overall quality of life.

At Kaiser Permanente, we are committed to your total health. Just like taking your blood pressure, screening you for depression is an important part of how we care for the whole you!

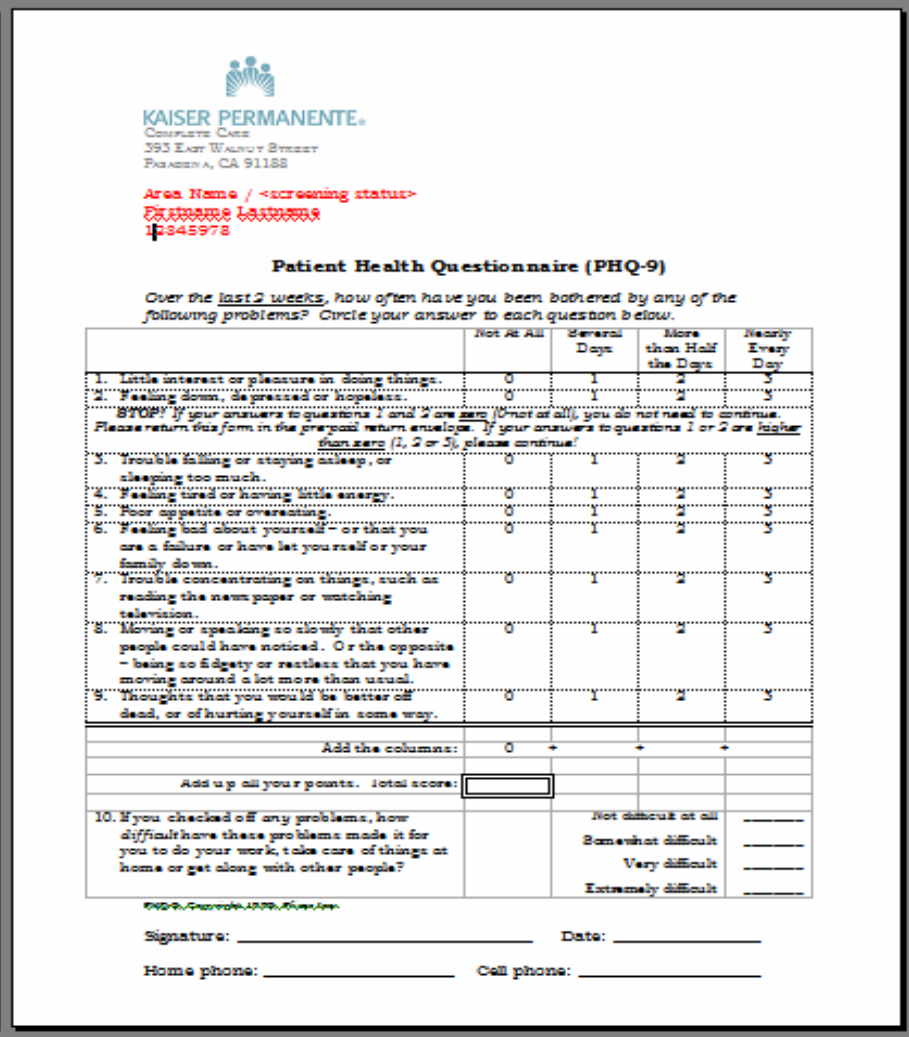
Please take a few minutes today to complete the enclosed *Patient Health Questionnaire (PHQ-9)* and return it in the pre-paid business reply envelope. Your answers will remain confidential and will not be used to diagnose depression, but rather to identify symptoms. This will help us to know if you need further recommendations to fit your specific needs.

If you have recently answered the questions in the enclosed questionnaire with us, please ignore this letter. If you have any questions regarding this letter, please call <local number>. For more immediate help, our 24-Hour Crisis Line can be reached at (800) 900-8277.

Thank you for helping us to care for you. We want you to live well, be well and THRIVE!

Sincerely,

<local signature name>
<local signature title>
Medical Center Name



KAISER PERMANENTE®
Complete Care
393 East Walnut Street
Pasadena, CA 91188

Area Name / <screening status>
Firstname Lastname
12345678

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? Circle your answer to each question below.

	Not At All	Several Days	More than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed or hopeless.	0	1	2	3
STOP! If your answers to questions 1 and 2 are zero (0 not at all), you do not need to continue. Please return this form in the pre-paid return envelope. If your answers to questions 1 or 2 are higher than zero (1, 2 or 3), please continue!				
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way.	0	1	2	3
Add the columns:	0	+	+	+
Add up all your points. Total score:				
10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?		Not difficult at all Somewhat difficult Very difficult Extremely difficult		_____ _____ _____ _____

PHQ-9, Copyright 1999, Pfizer Inc.

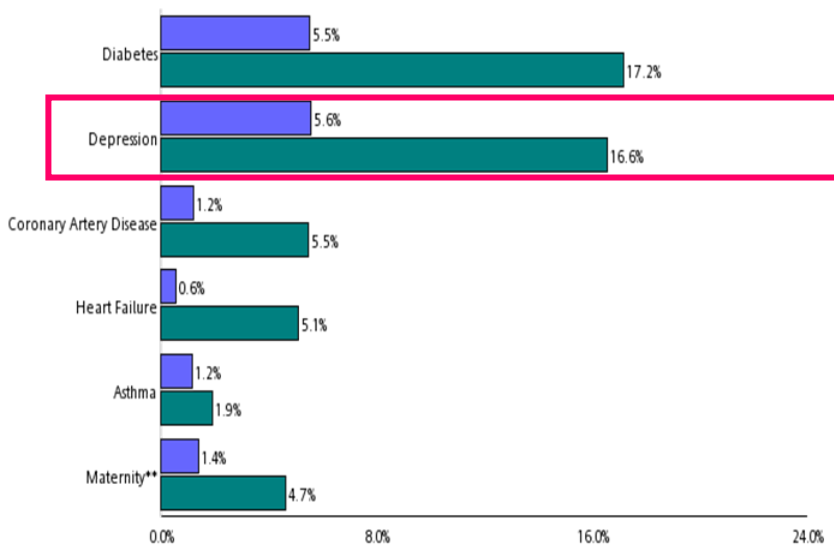
Signature: _____ Date: _____

Home phone: _____ Cell phone: _____

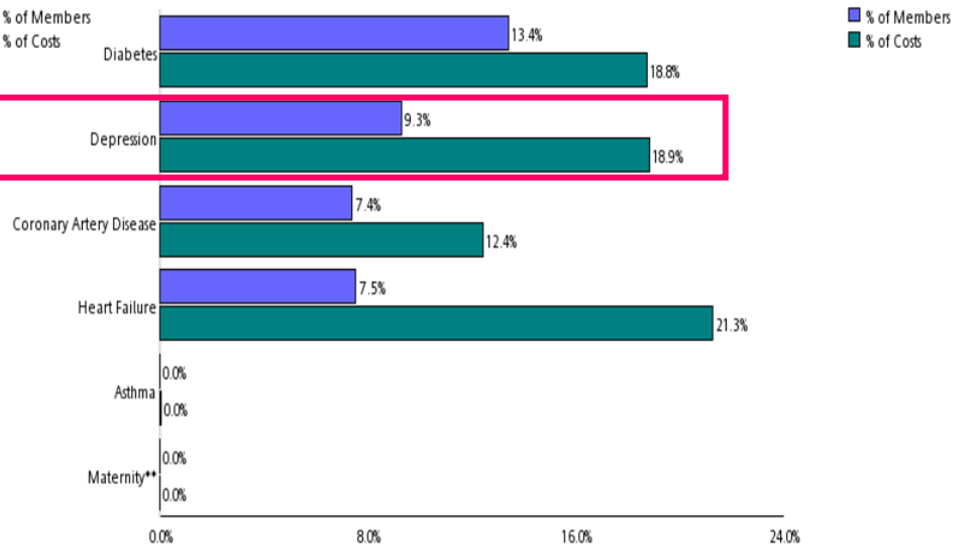
what does it cost to care for CalPERS employees and their families* with chronic conditions?

PREVALENCE AND COST BY CONDITION†

CalPERS Commercial Members at Kaiser Permanente-Measurement Period Ending December 31, 2005



CalPERS Medicare Members at Kaiser Permanente-Measurement Period Ending December 31, 2005



Depression is a major chronic condition AND a major cost driver

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Regional Depression Care Program

Depression Overview

KP SCAL Depression Care Vision…

Systematically identify and effectively treat all members with depression using evidence based guidelines to avoid complications, and to improve their health, productivity and quality of life

KP SCAL Depression Care Goals…

1 Integrate screening and treatment with existing Care Processes and across Population Care Programs

- Current Focus – Adult members with CVD, and other targeted populations in some Areas
- Intermediate Focus - All members with chronic or high risk conditions and/or are 65+
- Long Term Focus - Achieve US Preventive Services Task Force recommendation to screen all adults and provide treatment

2 Targeted screening and appropriate treatment occurs as an extension of Primary Care/Care Management in conjunction with specialty care in Behavioral Health

- Treatment will result in 67% of depressed members showing significant improvement reflected by changes in PHQ9 or GDS score within 6 months of diagnosis

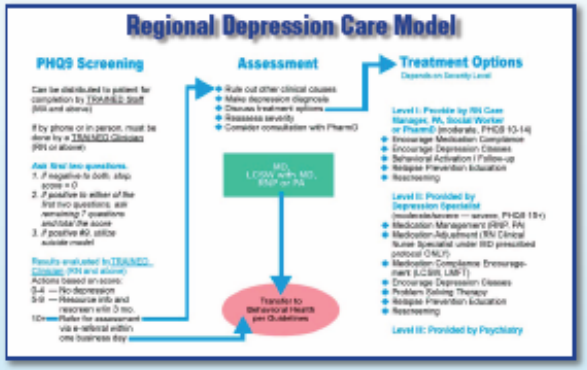
3 Retain/Attain 90th percentile in Depression HEDIS measures

Key Messages…

- Depression is a significant health and cost problem.
- Depression is a priority condition: CSGs, HEDIS, CMI, employer mandates, etc.
- Depression can be easily identified with a two question screen and assessment, and treated through non-MD follow-up, medication management and counseling
- Treatment improves outcomes - both for Depression and other chronic conditions
- Opportunity exists to improve coding and generate significant additional revenue
- We have a systematic plan and approach for screening and treatment, and to measure, track and improve depression outcomes

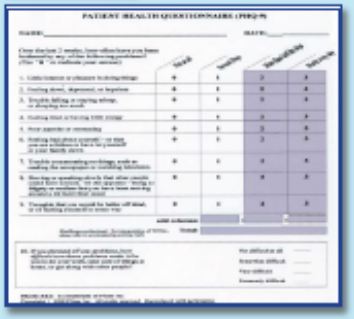
Methods and Tools

Regional Depression Care Model



Patient Health Questionnaire…

- Tracks the 9 core symptoms of depression
- Easy to use
- Patients become familiar with it
- Can be done over the phone
- Teaching tool
- Evaluates treatment response

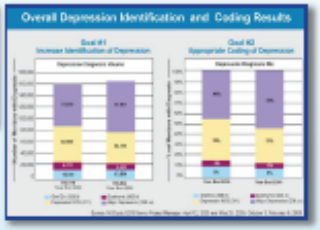


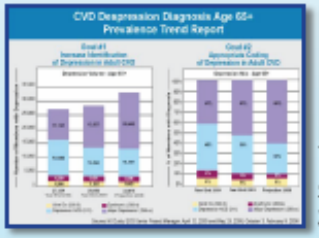
Web Based Tracking Tool

- Keeps patient data in one area
- Tracks PHQ9 scores
- Gives summary treatment of each depression care manager
- Compares care managers to overall treatment statistics
- Gives reminders when patients need to be contacted

Results we're proud of…

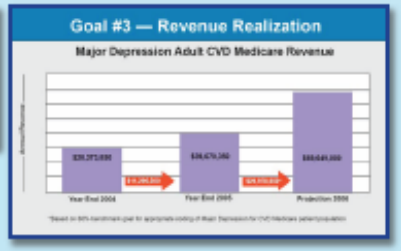
Major depression identified in the overall patient population with any depression code increased from 82% (73,478) YE2004 to 93% (97,447) YE 2006. Total number of members (all ages) coded major depression increased from 82% YE 2004 to 93% YE2006.





Total number of members (all ages) identified and coded with any depression diagnosis increased from 160,895 YE 2004 to 163,408 YE 2006. Members with identification of depression increased from 27,254 YE 2004 to 29,252 YE 2006. Medicare 65+ appropriate coding of Major Depression increased from 67% YE 2004 to 82% YE 2006.

Appropriate Coding Medicare resulted in $11,294,000 Revenue Realization for YE 2006.



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Major Depressive Disorder

CLINICAL PRACTICE GUIDELINES

KAISER PERMANENTE®
Medical Care Program,
Southern California

This evidence-based guideline was developed to assist Primary Care physicians and other health care professionals in screening, diagnosing and treating adults with nonpsychotic Major Depressive Disorder (MDD) in the Primary Care setting. The guideline was adopted from the Kaiser Permanente Care Management Institute's (CMI) Depression Care Program, with additional input from the Kaiser Permanente Southern California Depression Guideline Development Team. An evidence review is available online at http://dl.kp.org/.

Clinical Practice Guidlines

Screening

- **Screening is recommended:**
  - Age 60 or older (screen at least once)
  - Chronic illness (cancer, heart failure, diabetes or pain)
  - Previous personal and/or family psychiatric history
  - Stroke or acute cardiac event (screen within 3 to 6 months)
- **Screening is an option:**
  - Under age 60 (screen once)
  - Age 65 or older with a change in a psychosocial or medical condition that results in increased impairment
  - In the presence of any of the following:
  - Domestic abuse
  - Pregnancy/Postpartum
  - Other major medical illness (e.g., COPD/asthma, diabetes, HIV, etc.)
  - Multiple chronic conditions or somatic complaints

Screening Method

- **If the answer is "yes" to at least one screening question in Table 1, see Diagnosis section.**

Table 1: Initial Screening for Depression

Ask the following two questions:

1. **"During the past month, have you often been bothered by feeling down, depressed, or hopeless?"**
2. **"During the past month, have you often been bothered by little interest or pleasure in doing things?"**

A negative response to both questions rules out Major Depressive Disorder. A positive response requires appropriate diagnosis and treatment.

Diagnosis

RULE OUT ASSOCIATED CONDITIONS

- **Before a diagnosis of MDD can be confirmed, assessment and treatment of medical conditions or any other secondary causes of depression is recommended (see Table 2).**

If a patient is suicidal or homicidal, immediate referral to Psychiatry is recommended.

ASSESS NUMBER AND SEVERITY OF DEPRESSION SYMPTOMS

- **If no associated conditions are present and/or MDD symptoms persist after treatment of associated conditions, then assess number of MDD symptoms** (see Figure 1).

The Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) has established criteria to confirm a diagnosis of MDD:

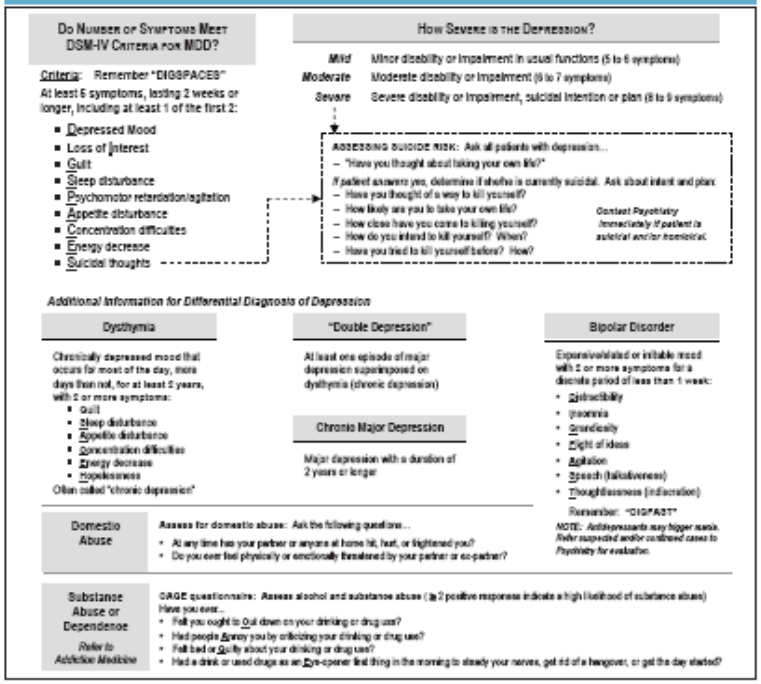
At least **5 of the 9 symptoms** associated with a major depressive episode must be present **for at least two weeks**, with **at least one** of the symptoms being **depressed mood or loss of interest** (see Figure 1).

- **After confirming the number of symptoms, evaluate patient's family, social or occupational impairment.**
  - **Mild:** Minor disability/impairment in usual functions (5-6 MDD symptoms)
  - **Moderate:** Moderate disability/impairment (6-7 MDD symptoms)
  - **Severe:** Severe disability/impairment (suicidal intention or plan, 8-9 MDD symptoms)

Table 2: Medical and Psychiatric Conditions and Medications Associated With Depression

PSYCHIATRIC DISORDERS Refer to Psychiatry	CONCURRENT MEDICAL CONDITIONS Treat Underlying Condition		CONCURRENT MEDICATIONS Re-evaluate Medications	
• Adjustment disorders • Bipolar disorders • Dysthymia • Personality disorders • Psychotic depression • Post-traumatic stress disorder • Abuse/domestic violence • Seasonal affective disorder • Somatization disorders • Substance abuse/dependence (refer to Addiction Medicine)	• Hypothyroidism/hyperthyroidism • Rheumatoid arthritis • Cushing's disease • Parkinson's disease • HIV-AIDS • Alzheimer's disease • Multiple sclerosis • Carcinoma • Brain tumors	• Electrolyte disturbance • Stroke • Myocardial infarction • Heart failure • Chronic pain • Vitamin B12 deficiency due to nutrition, infection, gastrointestinal or metabolic causes	• Reserpine • Benzodiazepines • Clonidine • Indomethacin • Methyldopa • Opiates • Digitalis • Corticosteroids	• Hydralazine • Alpha-interferon • Prazosin • Isotretinoin • Procainamide • Ethanol • Barbiturates • Choral Hydrate

Figure 1: Assessment of Depression Symptoms



Treatment (see Figures 2-3 and Table 3)

ACUTE PHASE (First 12 weeks of treatment)

Mild or Moderate Impairment: Offer medication or psychotherapy (interpersonal, cognitive behavioral, or problem-solving therapy).

Severe Impairment: Offer medication and referral to behavioral health resources (for psychotherapy, depression education classes, etc.).

Choice of Antidepressant: Base on patient's prior response or positive response in a blood relative, patient and clinician preference, side effects, and cost (see Table 3). Consult with Psychiatry before prescribing TCAs or venlafaxine to patients with suicidal ideation or a history of suicide attempts.

Follow-up: (patients taking antidepressants)

- 1st contact: within **3-4 weeks** after initiation
- 2nd contact: within **6-8 weeks** after initiation
- 3rd contact: **10-12 weeks** after initiation

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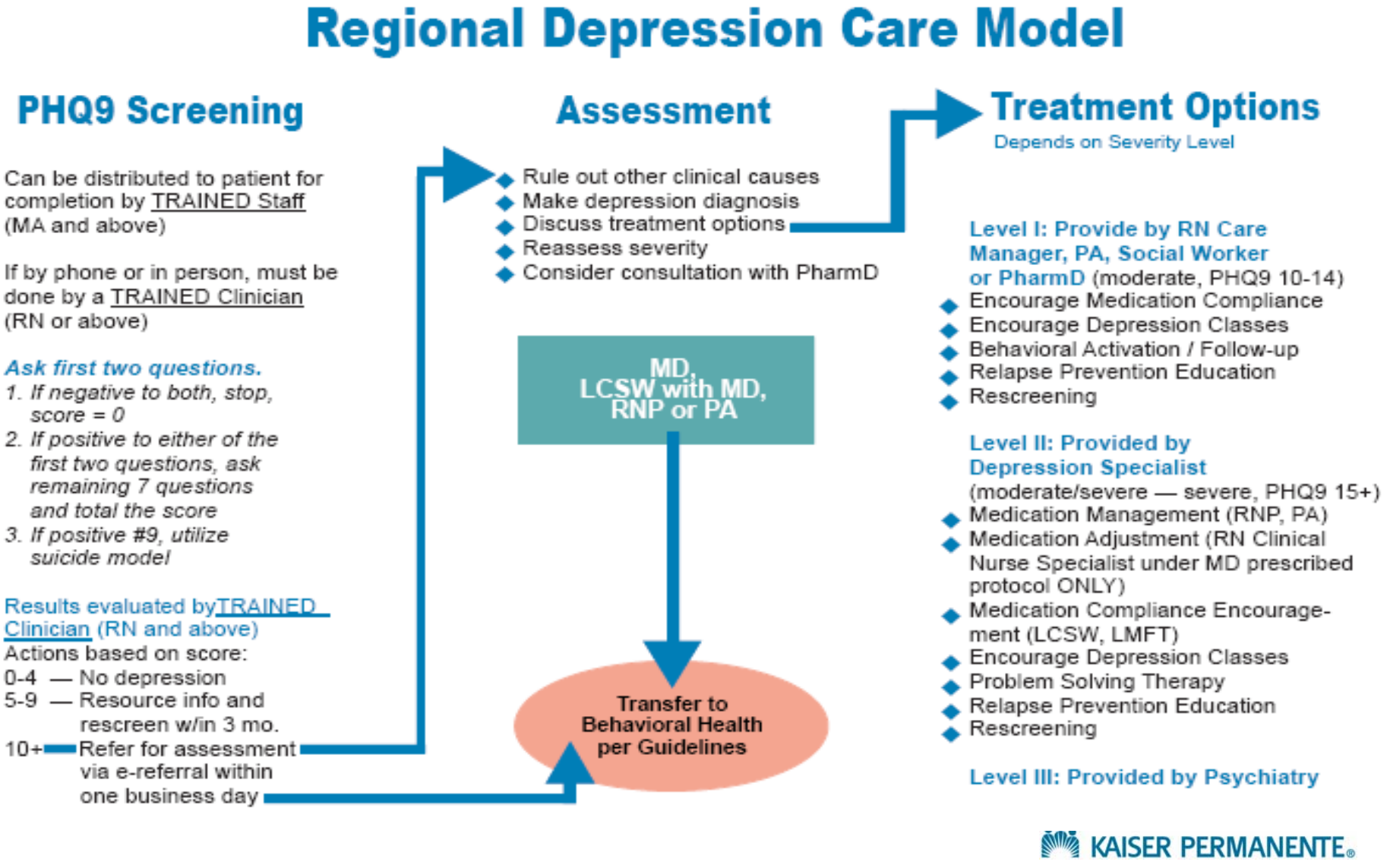
KP Complete Care for Depression



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Clinical Decision-Support at Point of Service

Prompt / Reminder

Care Management Summary Sheet

Review Date | Re-Review Date | Print

Last BP: 1)05/08/07 (108/54) 2)04/30/07 (112/62) Last MAM: Last PAP: 01/29/2001

Recommended Care

- Recommend flu shot for members with diabetes, CHF, CAD, persistent asthma, CKD stages 1 - 5, or 65 and older.
- h/o Depression: Assess for current depressive symptoms, compliance with and response to antidepressant medications, if any.

Diseases / Risks

HTN
CONTROLLED

All Meds (Last 20 dispenses in 12 mo)

Date	Drug	Qty	RF
10/17/07	LUMIGAN SOL 0.03%	5	6
10/11/07	HYDROCHLOROTHIAZIDE TAB 25MG	100	4
09/18/07	FOSAMAX PLUS D TAB D	12	3
08/31/07	COZAAR TAB 25MG	100	3
08/09/07	LEVOBUNOLOL HCL SOL 0.5% OP	30	3
01/10/07	FOSAMAX TAB 70MG	12	1
07/14/06	CIPROFLOXACIN HCL TAB 500MG	10	0
07/03/06	BENZONATATE CAP 100MG	30	0
07/03/06	OMEPRAZOLE CAP 20MG	60	0
07/03/06	PROCHLORPERAZINE MALEATE TAB 5MG	10	0
05/12/06	CIPROFLOXACIN HCL TAB 250MG	6	0
02/02/06	COZAAR 25MG TAB	100	0

Cr, K, Microalb, A1c, ALT, Theophy (Last 2 in 12 mo)

Date	Type	Result
04/30/07	ALT	12
10/31/06	ALT	14
04/30/07	CR	1.0
10/31/06	CR	0.9
04/30/07	GFR	56-NB
10/31/06	GFR	63-NB
04/30/07	K	4.6
10/31/06	K	4.5

Date	CHOL	TRG	HDL	LDL

Asthma Meds/12 mo	Controllers	B-Ag	Wtd Ratio
CANS	0	0	
NEBS	0	0	
LEUK	0		

Last 2 lipid panels in

Last 2 Hosp/ER Visits 12 mo

Date	Type	Dx

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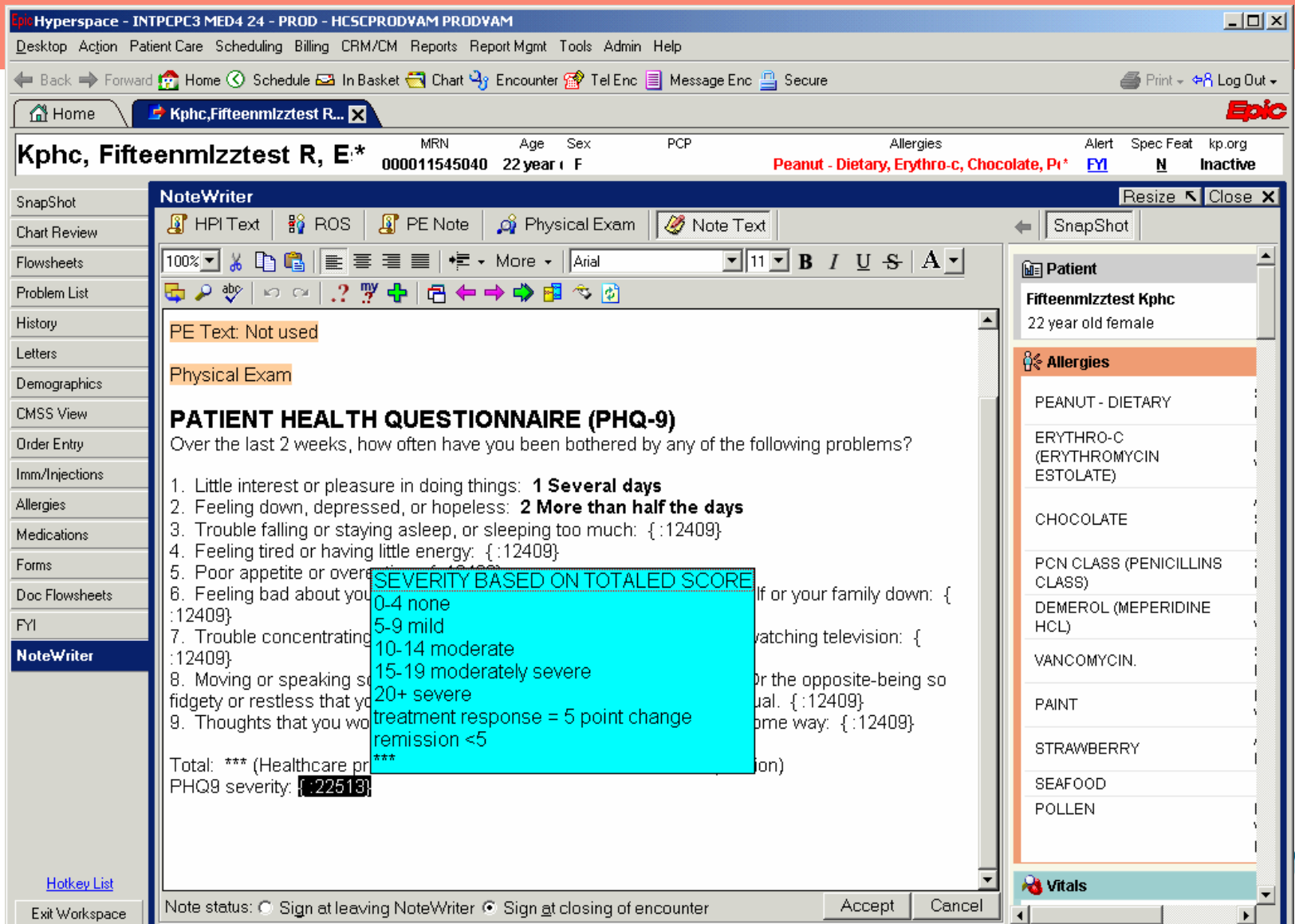
KPHealthConnect (EMR) with Depression Screening Tool -- PHQ-9



New Options to Treat Depression

RIGHT IN YOUR MEDICAL CENTER

Why: Because people with depression are less likely to take care of themselves and have poorer clinical outcomes. Depression is usually under-diagnosed and under-treated.

Treating depression can
- Prevent complications exacerbated by depression.
- Improve quality-of-life for patients.
- Help patients engage in their work, social, and home lives again
- Contribute to KP's top performance on HEDIS and NCQA measures.

Our Aim: Remission within the first six months of treatment.

Why are we doing this? To give primary care physicians more support in treating members with depression.

Which members can get this care? We are beginning with depressed members in cardiovascular disease (CVD) care management programs
- Diabetes
- Heart Failure
- Coronary Artery Disease
- Hypertension
- Chronic Kidney Disease

What does providing depression care for CVD patients mean? In addition to caring for depressed patients in primary care or in behavioral health, your medical center now has a Depression Care Management program. CVD Care Managers and Depression Specialist are now trained to provide depression care at two different levels.

The CVD Care Manager or Depression Specialist
- Works with patients to improve medication compliance and may refer them to Member Health Education Depression Classes.
- Reevaluates patients using the PHQ9 at least every month to assess improvement.
- Level I (Usually PHQ9 score 10-14): A CVD Care Manager works with patients to break the downward spiral of depression by encouraging enjoyable activities. Expected treatment length is 6 to 12 weeks.
- Level II (Usually PHQ9 score 15+): A Depression Specialist (LCSW, RNP or PA) also provides Problem Solving Therapy; a very effective intervention to improve depression. Expected treatment length is 3 to 6 months.
- Provides a personalized relapse prevention plan when patients improve and are discharged from the program.

How are patients identified? The member's Care Manager will screen for depression using the PHQ9.

What do I do for a patient who has screened positive for depression? If you have a patient who has been screened for depression and has a CVD condition (diabetes, coronary artery disease, chronic kidney disease, or hypertension), your role is to
- Diagnose and document.
- Provide medications and/adjustments.
- Encourage patients to attend the Depression Classes.
- Discuss with the patient which level of treatment is appropriate – Primary Care only, Level I, Level II or Behavioral Health.

What do I do for patients in this high-risk CVD population who have not been screened for depression? If you diagnose depression in any of your members with CVD, and would like additional support, refer them to a Level I CVD Care Manager (mild to moderate depression), or to a Level II Depression Specialist (moderate to severe depression).

Will they care for any patients other than those in the CVD populations? We are starting with members who are in one of the CVD Care Management programs. We will, however, expand to other populations in ensuing years.

Do I still have the option to refer patients to Behavioral Health? Patients with very severe depression or issues that complicate their care may always be referred.

Where can I go for more information?
- For diagnosing and treating depression: Refer to your Clinical Practice Guidelines handbook, or go to http://cl.kp.org.
- How to appropriately diagnose and document depression and to obtain CME credit at the same time, go to: http://www.dougtang.net/kped/2005_depression
- For the Depression Program: Please contact your local Depression Champion or one of the Regional Population Care Management Depression Physician co-leads Mark Dreskin, MD or Gabrielle Beaubrun, MD.

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Southern California
Permanente Medical Group

Regional Population Care Management Depression Team 2/1/2006

Communications to clinicians and staff on Depression Management Program

KAISER PERMANENTE®

Nurse TeleCare: Nurse Follow-Up Model for Managing Depression in Primary Care

(Adapted for the KP Care Management Institute)

Protocol for *Nurse Telecare* Model
Basic Procedures

Patients diagnosed with depression (Major Depressive Disorder or Dysthymic Disorder) and suitable for treatment in Adult Primary Care, in accordance with CMI Depression CPG (see the section, “II. Diagnosing Major Depressive Disorder”), are considered for this program.

If the patient agrees to pharmocotherapy in Adult Primary Care then they are enrolled in the Nurse Telecare program.

Primary Care Providers (PCPs) inform the patient that a clinic nurse (name to be given) who works closely with the PCP will be contacting the patient and following the patient by telephone through the course of treatment.

The Primary Care Provider fills out the clinical section of the Nurse Telecare Intake Form (see Appendix) and introduces the patient to the Telecare Nurse. The nurse completes the Nurse Telecare Intake Form and administers the D-ARK questionnaire along with other screening instruments. After completing the D-ARK and other screening instruments the nurse will contact the physician if the patient does not meet the entry criteria. If the Telecare nurse is not available to meet the patient at that time, then the Primary Care Provider will contact the lead RN.

Etc, etc, etc…….

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https://impact.ucla.edu - Test - FollowUp - Microsoft Internet Explorer

File Edit View Favorites Tools Help

MRN: 123457 | Patient ▸ | Clinic Note ▸ | Caseload ▸ | Special ▸ | Logout

Impact Follow Up Contact

Name: Jones , Jane **MRN:** 123457 **Date of Contact:** 2 / 7 / 2005 (by telephone)

Subjective: Some improvement in energy and pain from arthritis. Still seems overwhelmed. Tolerating Venlafaxine well.

Depression Symptoms (PHQ-9 Score: 13, Moderate depression)

Over the last 2 weeks, how often has patient been bothered by	Not at all	Several days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things	○	○	◉	○
b. Feeling down, depressed, or hopeless	○	○	◉	○
c. Trouble falling or staying asleep, or sleeping too much	○	○	◉	○
d. Feeling tired or having little energy	○	◉	○	○
e. Poor appetite or overeating	○	◉	○	○
f. Feelings of guilt and/or failure	○	○	○	◉
g. Trouble concentrating	○	◉	○	○
h. Psychomotor retardation and/or agitation	○	◉	○	○
i. Thoughts of death or suicide	◉	○	○	○

Other Symptoms: MMSE : 30 / 30

☑ Anxiety ☑ Pain (Score: 4) ☐ Manic Symptoms ☐ Psychotic Symptoms ☐ Alcohol / Substance Abuse

Current Medication:

Name of Medication: Venlafaxine XR	Taking as Prescribed: ☑
1st Take 1 tablet of 37.5 mg every morning for 7 days THEN 2nd Take 1 tablet of 75 mg every morning for 7 days THEN 3rd Take 1 tablet of 150 mg every morning	
Name of Medication: Acetaminophen	Taking as Prescribed: ☑
Take 1 tablet of 500 mg three times a day	

Medication Concerns: Some nausea with Venlafaxine early on by now tolerating meds well.

Mental Status: NA

Stressors, Strengths, and Resources: No change. Daughter has been supportive with depression diagnosis / treatment. Watched depression video together.

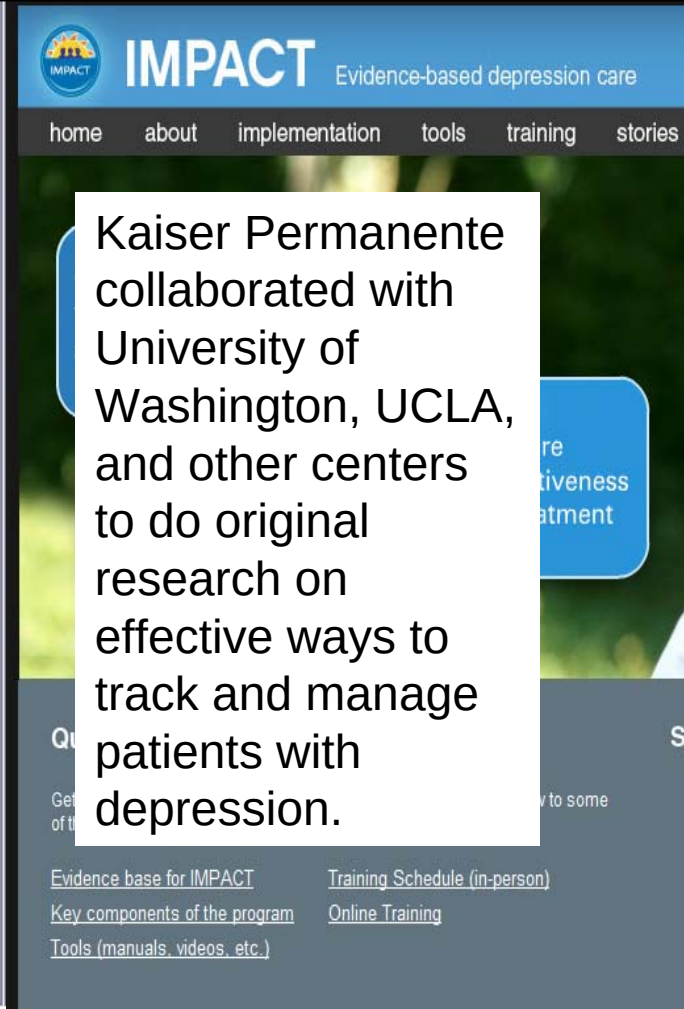
Assessment: Continues depressed, but some improvement in energy. Tolerating meds well.

Treatment Plan

Medication Schedule

Depression Tracking System

www.impact-uw.org



Kaiser Permanente collaborated with University of Washington, UCLA, and other centers to do original research on effective ways to track and manage patients with depression.

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Members home | Sign on | Guía en español | Web site map | Search our site

Change your region: California - Southern

Your health record | Get health advice | Appointments/Rx refills | Your plan | Locate our services | Mailbox

Back

Depression

- Topic overview
- Basic facts
- Are you depressed?
- Treatment
- Medications
- What you can do
- Related topics

Related links:
- Featured health topics

Depression is
real, common, and treatable

Información en español sobre la depresión

It's more than just "the blues." Depression is different from feeling down or sad, which nearly everyone experiences from time to time. Depression is a real and serious medical illness, just like heart disease or diabetes, and it's more common than many people realize. This is true for children and teens as well as adults.

But there is good news. Although depression just doesn't go away on its own, it can be treated—and many people who get help do overcome it. This usually requires counseling, medication, or, when necessary, a combination of both, as well as some steps you can take on your own to improve your mood.

Drug advisory: The FDA has issued precautionary guidelines on antidepressant use.

To learn more about depression, select one of the links on the left, or continue on to basic facts about depression.

Reviewed by David Price, MD, March 2007
Complete list of reviewers

Are you depressed?

It's not always easy to tell. Learn the signs of depression.

Help for depression

- Take control of your depression with our HealthMedia® Care™ for Your Health online program.
- Taking medication? Refill your prescriptions online.
- Lie back and listen to our guided imagery podcasts.
- Learn ways of coping with depression in our health classes.

Web-based member/patient resources

www.kp.org

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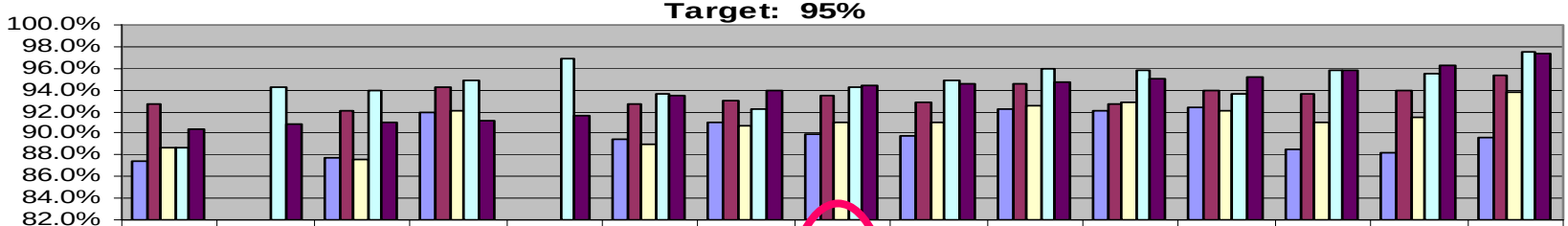
Antidepressant Medications

Generic SSRI Utilization Performance and Goals (KPSCal)

Scored: Preferred SSRI New Start Market Share

(Generic fluoxetine, citalopram, paroxetine, sertraline/Branded SSRIs & SNRIs)

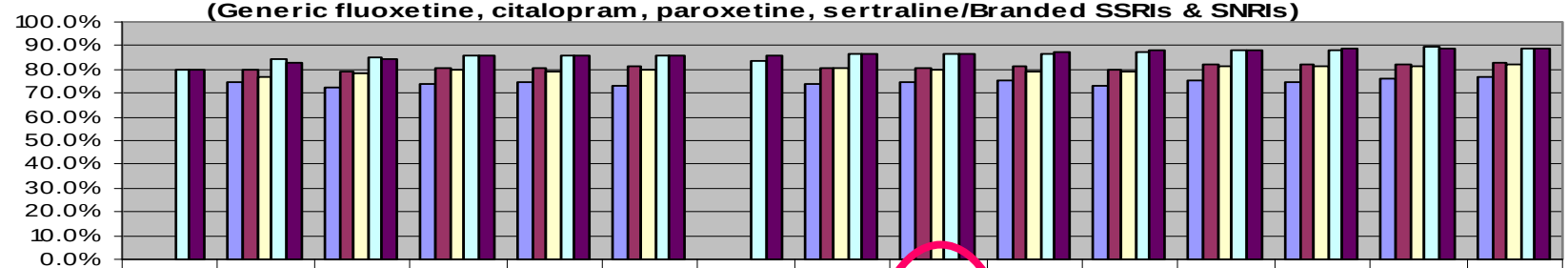
Target: 95%



	LA	CHV	SB	WLA	WVC	SD	WH	REG	PC	BP	KC	FO	RI	OC	BE
2004	87.4%		87.8%	92.0%		89.4%	91.0%	89.9%	89.7%	92.3%	92.0%	92.4%	88.5%	88.2%	89.6%
2005	92.7%		92.1%	94.2%		92.7%	93.1%	93.5%	92.8%	94.5%	92.8%	93.9%	93.6%	93.9%	95.3%
2006	88.6%		87.6%	92.1%		89.0%	90.7%	91.0%	91.0%	92.6%	92.8%	92.1%	91.0%	91.5%	93.8%
2007 Q1	88.7%	94.2%	94.0%	94.8%	96.9%	93.6%	92.2%	94.3%	94.9%	96.0%	95.7%	93.6%	95.9%	95.5%	97.6%
2007 Q2	90.4%	90.9%	91.0%	91.2%	91.6%	93.5%	94.0%	94.4%	94.6%	94.8%	95.0%	95.2%	95.7%	96.3%	97.4%

Monitor Only: Overall Preferred SSRI Market Share

(Generic fluoxetine, citalopram, paroxetine, sertraline/Branded SSRIs & SNRIs)



	CHV	SB	LA	PC	SD	WH	WVC	WLA	REG	FO	OC	RI	BP	KC	BE
2004		74.9%	72.2%	73.8%	74.6%	73.3%		74.0%	74.4%	75.5%	73.0%	75.0%	74.9%	76.5%	76.6%
2005		80.0%	79.2%	80.8%	80.5%	81.2%		80.9%	80.9%	81.0%	80.0%	82.3%	81.8%	81.8%	82.8%
2006		76.8%	78.0%	79.6%	79.2%	80.1%		80.7%	79.7%	79.4%	78.8%	81.0%	81.2%	81.4%	82.0%
2007 Q1	79.9%	84.6%	84.8%	85.5%	86.1%	85.6%	83.8%	86.5%	86.7%	86.8%	87.3%	87.9%	88.4%	89.3%	88.8%
2007 Q2	79.6%	82.9%	84.3%	85.7%	86.0%	86.2%	86.2%	86.4%	86.7%	87.1%	88.0%	88.4%	88.5%	88.6%	88.9%

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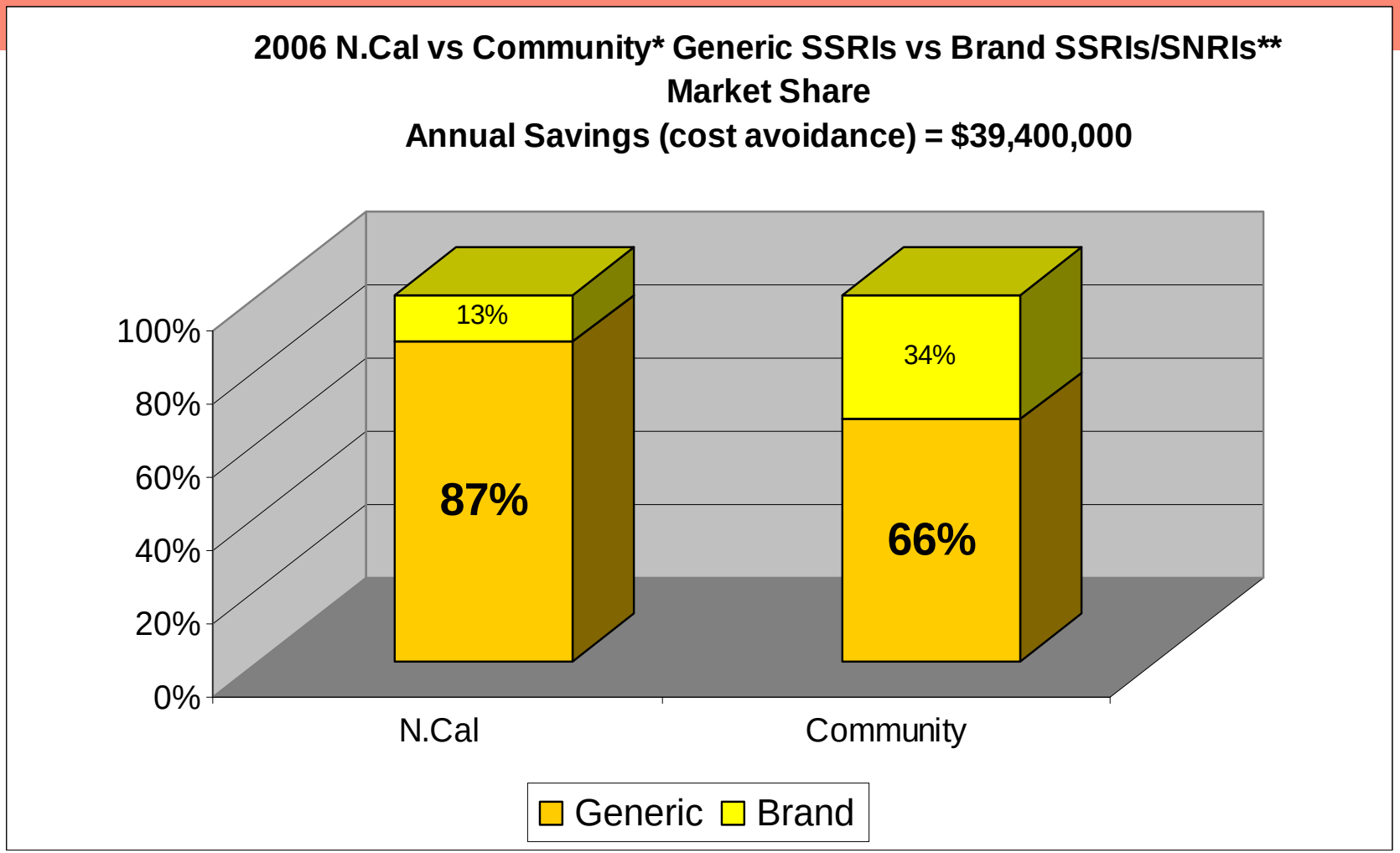
Prepared by Pharmacy Operations

Antidepressant Medications

Generic SSRI Utilization Market Share in KP Translates to Cost Savings (2006)



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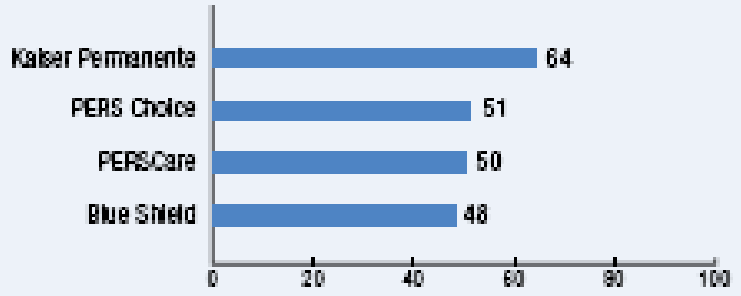
CalPERS 2007 Mental Health Composite

CalPERS 2007 Mental Health Composite

This chart provides a mental health composite (average) showing the percentage of members who received mental health care for depression treatment, and follow-up after hospitalization for mental illness.



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What is an HMO?

How to choose an HMO?

Mental Health Care At-a-Glance

★★★★ Excellent
★★★ Good
★★ Fair
★ Poor

Mental Health Care

We compared HMO members' records to a set of national standards for quality of care.

Aetna Health of California Inc.	★★
Blue Cross HMO - CaliforniaCare	★★★
Blue Shield of California HMO	★★
CIGNA HMO	★★
Health Net of California, Inc.	★★
Kaiser Permanente - Northern California Region	★★★★
Kaiser Permanente - Southern California Region	★★★★
PacifiCare of California	★★★
Western Health Advantage	★★★

What Was Measured?

- Treatment Visits for Depression
- Anti-depressant Medication — Initial Treatment
- Anti-depressant Medication — Ongoing Treatment
- Follow-up Visit After Mental Illness Hospital Stay

Why Is It Important?

The best HMOs make sure that members who have major depression can see a doctor regularly and get the right medications. They also make sure that a patient has a follow-up visit after a hospital stay for mental illness.

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How to choose an HMO?

Anti-depressant Medication — Initial Treatment

Look for differences of at least 4%. Smaller differences usually are not significant

Anti-depressant Medication — Initial Treatment

We compared HMO members' records to a set of national standards for quality of care.

0% (Worse) (Better) 100%

Kaiser Permanente - Southern California Region	86%	
Kaiser Permanente - Northern California Region	82%	
Western Health Advantage	61%	
Blue Cross HMO - CaliforniaCare	60%	
Blue Shield of California HMO	57%	
Health Net of California, Inc.	57%	
PacifiCare of California	57%	
Aetna Health of California Inc.	56%	
CIGNA HMO	56%	

What Was Measured?

What percentage of HMO members who were treated for depression remained on anti-depressant medication for their 12-week initial treatment?

These results are based on a sample of HMO patient administrative records.

Why Is It Important?

People who are depressed can be treated with medicines called anti-depressants. These medicines usually work well. Making sure you that you get the right anti-depressant medicine and that you continue to take it correctly is an important part of your care.

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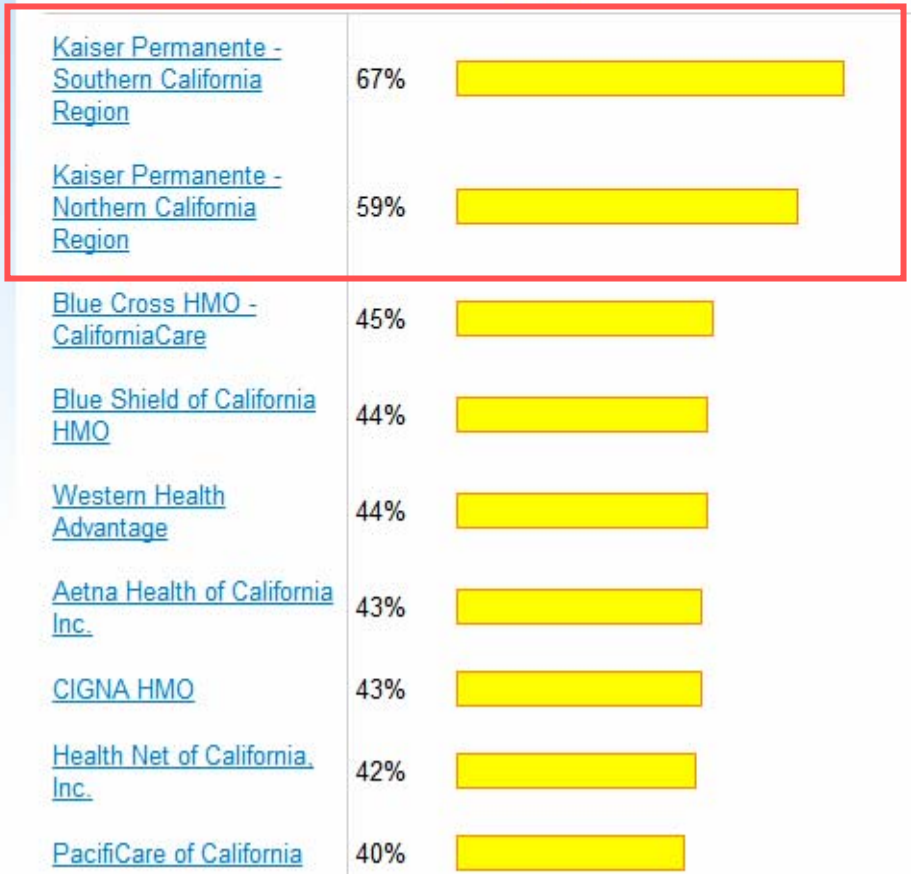
Anti-depressant Medication — Ongoing Treatment

Look for differences of at least 4%. Smaller differences usually are not significant

Anti-depressant Medication — Ongoing Treatment

We compared HMO members' records to a set of national standards for quality of care.



What Was Measured?

What percentage of HMO members who were treated for depression remained on anti-depressant medication for 6 months of ongoing care following their initial treatment?

These results are based on a sample of HMO patient administrative records.

Why Is It Important?

People who are depressed can be treated with medicines called anti-depressants. Good care means checking that patients follow their doctor's instructions about taking medicines. About half of the people who take anti-depressants do not finish all of their medicine or take it incorrectly.

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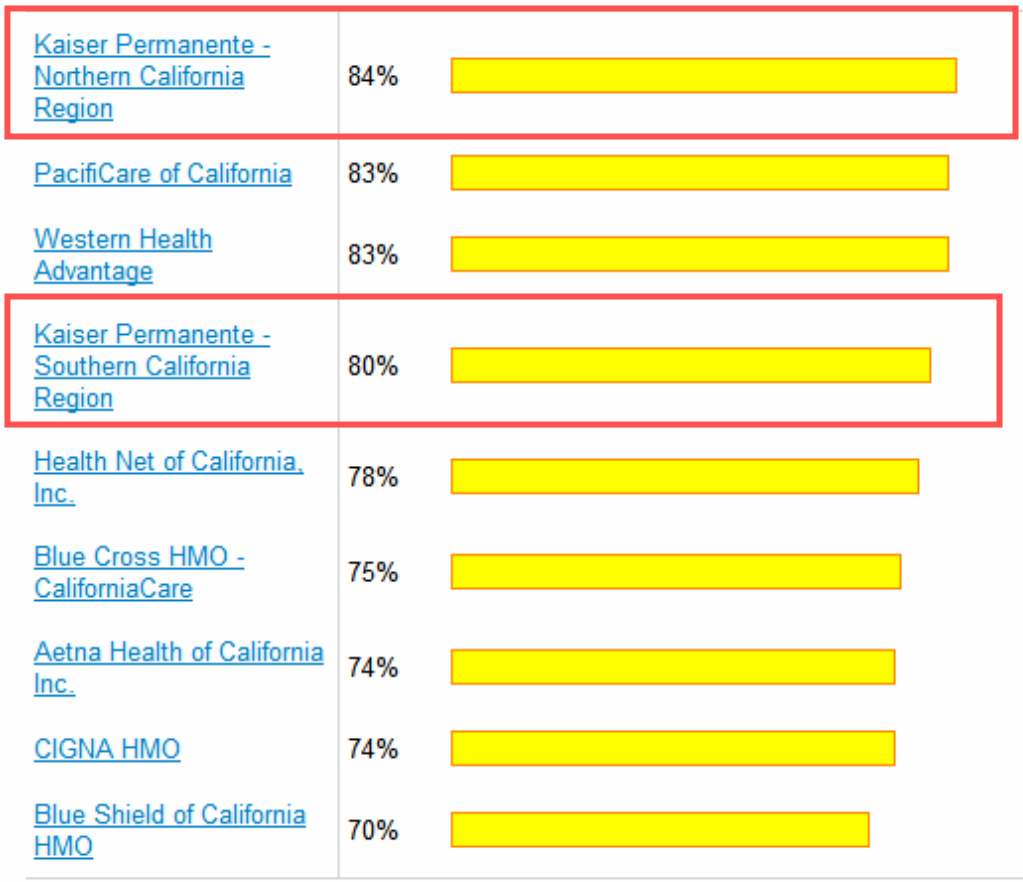
Follow-up Visit After Mental Illness Hospital Stay

Look for differences of at least 4%. Smaller differences usually are not significant

Follow-up Visit After Mental Illness Hospital Stay

We compared HMO members' records to a set of national standards for quality of care.



What Was Measured?

What percentage of HMO members who have been hospitalized for a m illness were seen by a mental healt provider within 30 days after leaving hospital?

These results are based on a samp HMO patient administrative records

Why Is It Important?

Patients who have been in the hosp for a mental illness need follow-up c It is important to make sure that the are getting the right treatment and i using medicine that they are taking correctly.

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Treatment Visits for Depression

Look for differences of at least 4%. Smaller differences usually are not significant

Treatment Visits for Depression

We compared HMO members' records to a set of national standards for quality of care.

0% (Worse) (Better) 100%

Kaiser Permanente - Southern California Region	30%	
Blue Cross HMO - CaliforniaCare	26%	
Aetna Health of California Inc.	22%	
CIGNA HMO	21%	
Health Net of California, Inc.	21%	
PacifiCare of California	21%	
Blue Shield of California HMO	19%	
Kaiser Permanente - Northern California Region	19%	
Western Health Advantage	17%	

What Was Measured?

What percentage of HMO members who were treated for depression were seen at least 3 times during the 12-week initial treatment phase?

These results are based on a sample of HMO patient administrative records.

Why Is It Important?

Depression can be treated. But, about half of patients don't get or don't continue their depression treatment. With regular visits your doctor can check that your treatment is working and see if you need to change any of your medicines.

Medicare Mental Health Performance (2006)
Kaiser Permanente Top Medicare Performer

HEALTH PLANS WITH MEDICARE CONTRACTS	MENTAL HEALTH				
	Antidepressant Medication Management [d]			Follow-up After Hospitalization for Mental Illness	
	Optimal Practitioner Contacts	Effective Acute Phase Treatment	Effective Continuation Phase Treatment	Within 30 Days of Hospital Discharge	Within 7 Days of Hospital Discharge
Aetna	7 ▼	47	38	10 ▼	7 ▼
Blue Cross	4 ▼	63	47	19 ▼	11 ▼
Blue Shield	8	53	38	34 ▼	20 ▼
Health Net	7 ▼	62	49 ▲	74 ▲	53 ▲
Kaiser – North	14 ▲	85 ▲	64 ▲	79 ▲	62 ▲
Kaiser – South	17 ▲	89 ▲	77 ▲	74 ▲	57 ▲
PacifiCare	11	57 ▲	44 ▲	42 ▼	26 ▼
2006 National Mean	**12**	**54**	**41**	**60**	**40**
2006 National 75th Percentile	**14**	**62**	**48**	**73**	**53**
2006 National 90th Percentile	**19**	**69**	**57**	**81**	**67**

REPORT CARD CCHRI REPORT ON QUALITY, 2006

HEDIS Results reported by CCHRI

(California Cooperative Healthcare Reporting Initiative)

KAISER PERMANENTE®

Behavioral Health Screening & Mgmt

KP Recognized as National Benchmark

- Program Organization & Member Access
- Member Identification and Screening
  - Alcohol
  - Depression
- Member Support (Depression only)
  - Rx compliance monitoring
  - Interventions, especially outreach
  - Coordination of Co morbidities
- Practitioner Support: Non-BH and BH
  - Clinical Guidelines
  - Member-specific reminders
  - Comparative reports
  - Tracking appropriate anti-depressant prescribing
- Performance Measurement